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THE NATURE OF MENTAL HEALTH TEACHING IN A CALIFORNIA PUBLIC HEALTH DEPARTMENT

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The decision to employ a psychiatric consultant in the Health Department in Berkeley, California, in 1947, came as the fruit of increasing awareness on the part of the community over a period of years that mental health is as important as physical health to the people of Berkeley. Alarming mental hospital statistics had alerted people to the need for more treatment facilities, and it was felt by many that health departments should share in supplying some of this need. It was also obvious, however, that no matter how many facilities were built, even if they could be adequately staffed, they would never be able to catch up to the demand for service. Health departments have always focused their activities largely on preventive medicine, and it is necessary to alter the factors which cause mental illness, as well as to treat it, if there is not to be an ever enlarging problem. The Berkeley department, therefore, decided to concentrate predominately on the preventive aspects of psychiatry.

Finding a Place to Start

The causes of mental illness are, of course, many and varied, extending into many phases of social and economic life. However, from what is known of the dynamics of many types of personality disturbance, it is clear that if one could reach those who influence the upbringing of children, one might effect some changes of attitude toward those phases of development and training which often serve as starting points for difficulties. Anyone who has any contact with a child at all has a potential for influencing its mental health, positively or negatively, but parents and teachers have the most extensive contact with most children, and should therefore receive first consideration.

There is at least one other group of persons in the community who have the opportunity for therapeutic influence on those with whom they come in contact in the very nature of their professional role. They come intimately into the homes and lives of people with all kinds of felt problems, as well as problems which they may not always recognize as being worthy of professional attention. This group comprises the public health nursing staff. Berkeley is fortunate in having a combined service where the public health nurse receives a part of her salary from the Visiting Nurse Association and from the Board of Education as well as from the Health Department proper. Thus she serves not only in the control of communicable disease and well child conference work, but also acts as school nurse and bedside visiting nurse for her district. In each section of the city, there is, therefore, one individual who is known and trusted by a large percentage of the population, and is felt to be a person to whom one may look for help on a wide variety of problems.

Many people who may need help with emotional problems will never get to a psychiatrist, whether because they are unable to accept the idea, unable to afford it, or are inadequately prepared for what they might expect. It requires considerable wisdom to make referral to a psychiatrist acceptable to a patient, and a premature attempt to do so is often worse than none. Some awareness of psychiatric principles on the part of a person who has access to patients and enjoys their confidence, may therefore be an important factor in seeing that the patient gets the kind of help that he

needs at the moment. Perhaps his emotional problem may be alleviated through recognition and attention by other agencies in the community. If not, wise handling by the nurse may allow him to reach the psychiatrist, if and when he needs one, without too much of a feeling of threat and hostility.

When the health department program started in Berkeley, therefore, it was decided to concentrate primarily on those groups who work with children, either as parents or in professional capacity, including the city nurses who have such a potential educative value because of the confidence which people place in them. A psychiatric consultant was employed on a part-time basis, in a relatively new field, with an opportunity for a fluid program which would change with any change in the needs that might be seen to develop.

The First Year's Program

The first year's program consisted of:

(1) Orientation lectures to the public health nurses on the dynamics of psychosexual development, focussed on an attempt to explain why certain aspects of child training are felt to be important.

(2) Lectures and discussion groups with nurses and parents in the prenatal classes which were at that time conducted by health department nurses under the auspices of the Visiting Nurse Association, using material compiled in the city department.*

(3) A monthly luncheon meeting with teachers from the parent-participating nursery schools run by the Adult Education Department of the Board of Education. Here again the material was fairly didactic, dealing mostly with theory of the dynamics involved in various problems brought by the teachers for discussion.

(4) A well-child conference through which the nurses rotated. This was a small clinic where sufficient time was available for putting emphasis on parent guidance in training and developmental problems, and was intended to demonstrate the possibilities of integrating psychiatric principles with pediatric practice.

(5) Direct therapeutic service to parents referred by nurses and teachers who encountered "psychological problems" among their patients and pupils.

A Change of Approach

There were many reasons for abandoning most of this approach, but in brief, it became increasingly evident that neither didactic teaching nor direct therapeutic service made the best use of the consultation time, and what is more, was creating new problems and new frustrations for the workers.

Every patient with an emotional symptom of any kind began to be referred to the psychiatrist. The workers either felt that they ought to be doing psychotherapy, or they felt that any deviant behavior must immediately be referred to the "expert." When they acquired some understanding of the dynamics of behavior, cases which they had been handling successfully for years suddenly looked to them like problems, and created anxiety in them. As they recognized the possible value of psychotherapy to certain people, they lost confidence in their ability to be of service within their own roles. The "emotional problem" began to be seen as an entity in itself, rather than as the reaction of a human being within a certain environment. Many of the workers felt more and more that they should try to be therapists, and failed to appreciate that a teacher *as a teacher,* given a little insight into the emotional needs of a child, can have an inestimable value in the protection and creation of mental health. Even when a personality is already disturbed enough to need more intensive psychiatric assistance, the cooperation of a wise teacher or family confidant like the nurse, can be an important factor in the successful outcome of therapy.

Discussion Group Method

It seemed important, therefore, that a health department psychiatrist work with staff members to increase their *own* therapeutic effectiveness while doing their *own* jobs. In the past three years, the consultant has spent her time primarily in small discussion groups with the nurses and nursery school teachers, helping them not only to recognize cases that need psychiatric help, but to achieve a better understanding of all their cases, so that they themselves might work better with them. An awareness of feelings and reasons for behavior facilitates the interaction of a worker with her patients in all their contacts, whether these be concerned with "psychological problems" or the normal problems of daily living. There has been an attempt to show that symptoms and behavior express a need of the patient which can often be alleviated with the help of the nurse or teacher who understands what it is.

This type of consultation assumes that anyone wishing to understand the conflicts of other people should know something about how their own feelings influence their attitudes toward other people. Didactic teaching can put forth theories and ideas, but people can use effectively only those precepts which are emotionally acceptable to them. The respective roles of nurse and patient, teacher and pupil, may have very different meanings to different people; the way a worker handles a case often depends a great deal on how she sees her relationship to the patient, no matter how routine the matters with which she is dealing. It makes a difference whether she derives her satisfaction from enabling him to handle his own problems, or whether she needs to have the feeling that she is indispensable to him. She will act differently if her prestige depends on having her orders obeyed subserviently, than if she is still able to feel competent when the

* Since that time the VNA has collaborated with the Red Cross and the Adult Education Department in giving these courses, with material standardized by the National Red Cross, and it has therefore passed out of the jurisdiction of the Berkeley department.

patient finds his own way to do things. In both instances she may have the same ultimate goals for the patient, but her results may vary as much as her methods; the factor of difference lies not in the information she has to impart, but in feelings about which she may herself be quite unaware.

As an example we might consider the case of a mother who asks the nurse about a behavior problem in her child. One nurse, who has encountered similar difficulties with her own child, may tend to give the mother advice which ignores differences in the underlying motivations of the two children. Another, who had difficulty with her own parents, may identify herself with the child and feel punitive toward the mother. These two workers will have quite different attitudes toward the same case, and their relationship to the parent will be grossly colored by their own problems unless they are aware enough of their own feelings to be objective.

Ideally, one might think of small conferences as an opportunity for a kind of group therapy for staff members, but this idea presents certain dangers. Members of these groups are not primarily concerned with their own conflicts when they meet together; their focus is, and should be, on their work and their relationship to it. On the other hand, some awareness of their reasons for reacting as they do in specific situations is helpful to them in the handling of their patient's problems, and they usually welcome it. Consultation should attempt to give insight without allowing more anxiety to be provoked in the group than can be handled in and by the group itself. A worker may become angry and resentful if she is obliged to uncover feelings that she does not wish to discuss among her colleagues, and it is important to allow her to stop a discussion at any time that it threatens to become uncomfortable. Permission to do so from the beginning produces a feeling of security which enables the staff members to establish confidence in each other. When a good group spirit develops, there may be a free and insightful discussion; if this does not happen, it cannot be forced, and discussion should be kept on as superficial a level as seems desirable to the participants. In group therapy, patients are consciously seeking help for their own problems, and anxiety may be allowed to be provoked in the sessions for the purpose of analyzing and resolving it. In staff consultations, the personal problems of the individuals are not the primary focus, and should be dealt with only to the extent that they interfere with the capacity to function professionally.

Discussions have been unplanned in topic, staff members introducing whatever difficulties they are meeting currently. Problems are not in any sense strictly "psychological," but may concern any situation in which the staff member may feel uncertain. Discussion is in terms of

(1) General principles which might explain the behavior or motivation of the patient.
(2) The role of nurse or teacher in handling the problem; how far she can comfortably become involved; what she can do to be more helpful; personal reasons for acting in a certain way.
(3) Reasons why a particular case is a problem for a particular worker. These may involve feelings of insecurity in certain kinds of situations, personal prejudices, overidentifications, hostilities toward certain kinds of problems.
(4) Relief of the anxiety of the worker concerning her reaction to the case; her ability to use her own judgment; the degree of her responsibility.

It is often reassuring to the group merely to realize that others have the same problems they do, and react similarly to them.

Illustrations

Perhaps a few random illustrations will show the nature of the discussions.

One nurse has been asked for advice by the mother of a newborn baby with a cleft palate, and does not know what to tell her. The mother has studied about the psychological development of children, and has the impression that a child makes the best adjustment to the birth of a sibling at two years of age. Now her first child is born with a defect which the surgeon says should be repaired by major operation at the age of two. Would it be better for him if she had the new baby sooner, with the risk of the older child having to go away for his operation at the height of sibling rivalry, or should she go ahead and plan to have another baby on schedule, just when this one is undergoing major surgery? She also asks the nurse where she can get training in speech correction so that she may help the child if he should happen to have trouble learning to talk.

Here is a problem which obviously does not concern conflicts on the part of the nurse, and must be discussed in terms of the anxiety and ambivalence on the part of the mother which prompt her concern with the problems of having another child before this one is yet three days old. Discussion centered around the normal ambivalence of parents with defective children, the possible unconscious desire of the mother to move away from this baby to the next, her guilt and overcompensatory concern with his future difficulties.

It was possible to refer the mother for guidance, but there was also a discussion about what a nurse might do in such a situation if there were no place to send the mother; her opportunity to relieve guilt over the mother's disappointment in the defect, and to reassure her in her ability to be helpful to the child at the present time, deferring decisions about his future until her own balance is restored.

The nurses all brought up their feeling of frustration in a situation where they feel there is nothing specific they can do to help, and talked about the importance of just listening and accepting people's feelings without telling them how they ought to feel. A recognition of this seemed to offer reassurance.

A good example of the value of nonjudgmental nursing may be cited in the handling of a difficult case by one of the nurses in the group.

A young Italian girl, happily married and enthusiastic about starting a family, delivered a baby hideously deformed by a vascular anomaly of the entire head which was not only unsightly, but friable and difficult to dress. There was, in the household, a young grandmother and an old world great-grandmother to the infant, who insisted that the girl must have sinned and marked the child. The mother became hysterical when she saw it, refused to have anything to do with it, and in spite of the stern admonishment of the attending physician that this was her child and it was her duty to love it, became withdrawn and unresponsive. She could not be persuaded to talk to the priest, and seemed resigned to an acceptance of sin and guilt which she made no effort to combat.

The whole atmosphere of the household was tense with anxiety, and the public health nurse was called in the hope that she could persuade the mother to learn to handle the child. The nurse came in calmly, reassured the mother that anyone might feel as she did, explained the superstitions about marking children, and made no effort to force her to do the dressings. She came daily for a number of weeks, taught the grandmother how to handle the lesions, and talked acceptingly to the mother about her feelings. After quite a long time, the mother herself suggested that she might like to hold the child if the nurse would stand by to see that she did not hurt it. Still later she undertook a simple dressing. Gradually her disgust turned to pity for the infant, her normal maternal feelings began to assert themselves, and she finally accepted full care of the child on her own initiative. There has been a four-year follow-up on this case, in which the child has undergone extensive plastic surgery ; the repair of his defect is not yet complete, but he is reported to be a happy, well-adjusted child who gets along well with other children and does not seem unduly disturbed by his deformity. It is the opinion of the consultant that the relatively good outcome of this case may be attributed very largely to the attitudes with which the nurse performed her normal function.

The following case illustrates the kind of situation which may involve a nurse personally.

A querulous old lady was convalescing from a stroke, and although there was now nothing wrong with her physically, she continued to refuse to do anything for herself. The nurse considered this a problem because it was highly irritating to her, and although she knew better, she found herself frequently and somewhat punitively lecturing the old lady about taking a more positive attitude. Her sympathies were all with the husband who seemed to be enslaved by the wife, and the nurse felt she could not cope with the situation until she was herself able to feel less antagonistic.

It was soon brought out by the nurse in the group discussion that she had a dependent member in her own family which caused her to over-identify with the husband. There was an appraisal of the underlying factors in the woman's need for dependency, and an attempt was made to show why she seemed to need her illness. The group brought out ways of allowing the woman some dependent gratification while at the same time encouraging her to help herself.

A few weeks later, the sudden development of a serious eye ailment in the husband rearoused the nurse's impatience with his wife. He had been told that he needed an operation to avoid possible blindness, but on the day of his clinic appointment, the girl who usually came to stay with his wife failed to show up, and he had to cancel his appointment because the wife refused to stay home alone. The nurse was fiercely resentful, saying that while she had tried to find something to like in the old lady, she really wanted to tear her in little pieces. In trying to support the husband's attempts to take care of his own needs, she couldn't help being punitive to the wife. As the old lady sensed that the nurse was siding with her husband, she became even more demanding.

Discussion centered around the hostile reaction of the nurse which disturbed her because she felt she ought to be able to control it. At the same time, she had a need to defend her attitude as a universal reaction to a selfish, demanding person. Everyone agreed that such a personality is almost impossible to like, but wondered if perhaps the nurse were trying to overcompensate for her feelings about her personal problem by asking herself to like the woman. The nurse realized that her resentment of the demandingness was related not only to the patient, but to her feelings about her dependent relative. It was her hope that she might achieve some objectivity about the patient, and give her something positive to decrease her needs rather than increase them.

Another member of the group suggested that the husband's indecisiveness about meeting his appointment might be at least in part an unconscious desire to become blind and legitimately dependent himself. Again there was a discussion of the panic underlying the interplay of dependency in two old people, and the fears which lie behind dependency in general. The group began to express some sympathy for people who express their needs in dependent demands, but agreed unanimously that such people always arouse hostility in those who have to deny their own wishes to be cared for. A recognition of the unconscious wish for some dependency on her part came as a shock to the nurse, but the acceptance of this feeling by the group proved reassuring. Everyone agreed that this was a tough assignment, but the nurse expressed the feeling that there was some satisfaction in performing a disagreeable job if one did not have to feel guilty about one's own reactions.

Such discussion could only be successful where there has developed a real group spirit and a freedom to examine one's own motivations without being threatened by the disapproval of others.

Nurses' Problems

In general, among the nurses, the problems which have been brought up most frequently in one form or another are involved with:

(1) Overidentification or hostility to patients because of unrecognized feelings related to personal problems. Unconscious resentment toward dependency, arising out of a need to deny dependent wishes, has been prominent in many instances.

(2) Unconscious hostility to lower class patients who violate middleclass standards of cleanliness, morality, or unaggressiveness.

(3) Unconscious hostility to patients who frustrate them in their needs to be helpful and nurturent.

The rejecting patient, whether adult or child, almost invariably produces a problem with every nurse until the patient's motivation is understood. When she no longer feels the rejection as a direct attack on her personally, the nurse can usually handle it successfully.

Discussions With Nursery School Teachers

This discussion has dealt mainly with the groups of public health nurses, but similar meetings held with the nursery school teachers have produced the same kinds of results. Direct close contact with small children and their parents has a tendency to focus sharply any unresolved conflicts which the teacher may have with her own childhood and relationship to her parents. It has proved of great interest to many teachers to notice that when they became clear about the feelings that made a particular piece of behavior a problem to them, the behavior often changed without anything direct being done about it. It is important to emphasize again, however, that there is much to be understood about the underlying factors in a child's behavior which has nothing to do with conflicts of the teacher, and when something comes up that indicates need for a theoretical discussion, there is no hesitation in handling it this way.

Problems that have appeared most frequently in the nursery school teacher group discussions have been concerned with:

(1) Overidentification or unconscious hostility to parents related to unsolved childhood conflicts of their own.
(2) Unconscious hostility to a child related to feelings the teacher may have toward its parents.
(3) Anxiety related to the direct expression of aggression by children.
(4) Anxiety related to negative feelings toward a child by a teacher which are unacceptable to the teacher. The need to love every child.
(5) Insecurity of the teacher in handling the children of mothers whom they know to be in psychotherapy, and minority group children whose parents are defensive about their minority status.

The release of tension after a group airing of such anxieties, and reassurance of the teacher's ability to handle the situation, has on occasion been very marked.

Summary

In brief summary, after four years of experience with various approaches to the use of a part-time psychiatrist in a local health department, it has been felt in Berkeley that consultation time may be used most constructively in small informal discussion groups with the staff members who offer basic community service directly to parents and children. The goal has been to help such staff members achieve insight into the motivations of their patients, and to understand and obtain relief from their own anxieties in dealing with them.

Mendocino County Adopts Ordinance for Full-Time Health Department

By adoption of an ordinance which became effective January 16th, the Board of Supervisors of Mendocino County has made provision for Mendocino to become the forty-second county in California to receive full-time services from an organized department of public health. Prominent among local organizations endorsing more extended facilities are the Mendocino County Medical Society and the local Tuberculosis and Health Association.

Community interest in such a development has been coupled with local desire for more adequate facilities for county medical care. The new enabling ordinance, together with an appropriation made for a new county hospital within the past year, are realistic actions which will beneficially affect the future of both public health and county medical care in this area.

The board had previously requested that a joint review of health resources of Mendocino County be undertaken by the California Medical Association, the California Tuberculosis and Health Association, and the State Department of Public Health. A report of this review, first collaboration of its kind in the State, was recently presented to the board. The report recommended establishment of a health department, employment of a full-time health officer and of a staff conforming with standards approved by the State Board of Public Health, and the initiation of those services and programs which are required to qualify for state public health assistance.

Positions created by the supervisors' action are: health officer (full time), director of public health nursing, two staff public health nurses, director of sanitation, one staff sanitarian, one senior clerk, and one junior clerk. The State Department of Public Health will assist in recruiting professional staff.

Until contracts are negotiated with incorporated cities, only the unincorporated area will be within the jurisdiction of the new Mendocino County Health Department.

Medical Officer Vacancy, Long Beach

Dr. I. D. Litwack, Long Beach City Health Officer, announces a vacancy for the position of *Assistant Health Officer,* to have charge of venereal disease and other communicable disease control. Salary range is $593 to $733. Nonresidents may apply, but must establish residence in Long Beach if accepted for employment. Persons interested may write to Dr. Litwack, Long Beach Department of Public Health, 2655 Pine Avenue, Long Beach 6.

Botulism Deaths, Fresno County

Two fatal cases of botulism have been reported from Fresno County. The victims were a husband and wife, of Coalinga, who became ill December 29th. No medical attention was sought until December 30th. Both died December 31st, the wife before antitoxin could be given and the husband a few hours later despite antitoxin therapy.

An immediate investigation, with personnel of the State Department of Public Health and Federal Food and Drug Administration assisting, revealed no leftover food in the house, and garbage collection had already been made. Samples of all food found in the house, including homecanned foods, were taken for laboratory testing, but as of January 15th, none of the food tested has been incriminated.

Investigation showed that the couple lived alone, no one had shared the food they had eaten, there were no witnesses, and no other indication of what they had eaten.

Institute on Tuberculosis Nursing Slated for Bay Area

The San Francisco Tuberculosis Association, in cooperation with the San Francisco Department of Public Health, will hold an Institute on Tuberculosis Nursing March 6th and 7th. Meetings will be held in the auditorium of the San Francisco Department of Public Health, 101 Grove Street, San Francisco. There will be morning and afternoon sessions. The meetings are open to all Bay area nurses. There will be no registration fee.

With the advent of new surgical techniques and new drugs, many nurses have felt the need for a refresher course in tuberculosis nursing. Prominent speakers, specializing in tuberculosis, have been secured for the meetings. The sessions include panel discussions, case studies, workshops, question and answer periods, and the showing of new tuberculosis films.

The printed program will be ready early in February. A copy may be obtained from the Program Committee, c/o San Francisco Tuberculosis Association, 604 Mission Street, Room 802, San Francisco 5.

Industrial Safety Conference

Governor Earl Warren is calling a state-wide industrial safety conference in San Francisco, February 18th and 19th. Representatives of labor and management from all branches of industry are being invited to attend to lend their assistance in combatting the mounting toll of occupational injuries. During the first 11 months of 1951 there were 616 deaths and 120,000 injuries resulting from industrial accidents in this State.

Review of Reported Communicable Disease Morbidity—December, 1951

Diseases with incidence exceeding the five-year median.

Diseases	*Dec. 1951*	*Dec. 1950*	*Dec. 1949*	*Five-year median*
Amebiasis	56	27	24	24
German measles	214	201	129	201
Hepatitis, infectious	39	29	49	19
Mumps	1,661	1,171	2,051	1,544
Poliomyelitis	227	214	154	153
Salmonella infections	77	97	36	14
Shigella infections	63	44	73	43
Streptococcal infections, respiratory	749	513	400	513

Diseases with incidence below the five-year median.

Diseases	*Dec. 1951*	*Dec. 1950*	*Dec. 1949*	*Five-year median*
Brucellosis	14	6	11	15
Chickenpox	2,693	2,208	1,765	2,961
Diphtheria	6	22	22	43
Encephalitis	9	41	8	11
Food poisoning	52	127	45	65
Influenza	30	22	26	51
Meningitis, meningococcal	19	17	22	26
Pertussis	269	186	352	280
Rabies, animal	4	10	6	31
Tetanus	2	1	8	3
Typhoid fever	4	8	11	9

Patricia Hill Accepts State Post

Miss Patricia Hill, health educator with the Tulare County Health Department, has accepted the position of Consultant in School Health Education with the State Department of Education. Miss Hill took her postgraduate work at the University of California School of Public Health upon completion of the teacher training course at Fresno State College.

Dr. G. Wayne Powell, Tulare County Health Officer, asks persons interested in the position vacated by Miss Hill to write him, P. O. Box 110, Visalia. The salary range is $332 to $415. Depending upon background of applicants, appointment may be made at a starting salary of $351.

Vogt to Speak in Berkeley

William Vogt, National Director of the Planned Parenthood Federation of America, and author of the best seller "Road to Survival" (1948) will address a Bay area audience February 19th, 8 p.m., when he appears in the Berkeley High School Little Theater under auspices of the Planned Parenthood League of Alameda. Mr. Vogt, who has achieved an international reputation as an authority on conservation and related world population problems, will speak on the topic "The Population Explosion." The meeting is open to the public.

Disabling injuries in the entire Nation totaled approximately 1,950,000 in 1950.—*National Safety Council.*

State Water Pollution Control Board Digests Sewerage Enabling Acts

The State Water Pollution Control Board has recently released a pamphlet entitled "A Digest of Sewerage Enabling Acts of the State of California." It is intended primarily to aid individuals and communities in studying and solving their local sewerage problems by providing a convenient reference to the enabling legislation in this State.

The salient features of 13 acts relating to the formation of basic organizations to construct, maintain, operate and finance sewerage facilities are listed by the type of territory that the organization may include. In this manner, a person interested in providing sewerage for a given territory can proceed directly to a study of the acts that are available for use by the people within that territory. Also summarized are 12 acts that provide procedures for financing and constructing sewerage works. Three state and two federal acts pertaining to grants or loans for financing community sewerage facilities are included in summary form.

The 1949 California legislation which created the state and regional water pollution control boards also established the State Water Pollution Control Fund (Chapter 1551, Statutes of 1949) to be administered by the State Water Pollution Control Board. This fund provides for loans to municipalities and districts that are unable to finance, through private institutions, the construction of sewerage and storm drainage facilities.

In administering the State Water Pollution Control Fund, the board found that many California communities needing these improvements were unaware of the existence of numerous enabling acts in this State whereby they can finance and construct sewerage facilities. It found, too, that information was not readily accessible to the communities desiring to form a district for that purpose.

To meet this need the State Water Pollution Control Board authorized the preparation of the digest just released. This is the first time these enabling acts have appeared under one cover. Many individuals and groups throughout the State gave their assistance and cooperation in the preparation.

Single copies of the digest may be obtained without charge from the State Water Pollution Control Board, 305 Financial Building, 927 10th Street, Sacramento 14, or from any of the nine regional water pollution control boards. Additional copies may be purchased from the Documents Section, State Printing Division, 11th and O Streets, Sacramento 14, California, at a cost of 50 cents per copy. This cost includes postage but not the 3 percent sales tax which must be added for California addresses.

U. C. Medical Extension Program Scheduled for 1952

The University of California School of Medicine has announced its program for 1952 of postgraduate instruction for practicing physicians who are graduates of approved medical schools. The courses are offered through the administrative facilities of the Medical Extension, University of California.

Dermatology—February 7 through April 24, Thursday evenings.

Program for General Practitioners—March 10 through 14, Mount Zion Hospital, San Francisco.

Psychosomatic Medicine—March 17 through March 21, Langley Porter Clinic.

Cardiovascular Diseases—April 28 through May 3 (mornings), Medical Center.

Electrocardiography—April 28 through May 3 (afternoons), Medical Center.

Psychiatry and Neurology—August through November (dates to be announced), Langley Porter Clinic.

General Surgery—September 8 through 12, Toland Hall, U. C. Hospital.

Vascular Surgery—September 15 through 19, Franklin Hospital.

Ophthalmology—September 15 through 20, Toland Hall, U. C. Hospital.

Evening Lectures in Medicine (for general practitioners)—September 15 through December 15, every Monday, Toland Hall, U. C. Hospital.

Medicine for General Practitioners—September through November (dates to be announced), one evening a week for 12 weeks, East Oakland Hospital.

Further information is available from Stacy R. Mettier, M.D., Head of Postgraduate Instruction, Medical Extension, University of California Medical Center, San Francisco 22.

Trends in School Health Education

Twenty-seven states now require health education in secondary schools *by law*, according to a recent Federal Government report. In six additional states, health education in secondary schools is required *by regulation of the state departments of education.*

Of the 33 states, 25 report that health instruction is included in the curriculum as a *required subject.* Standards for health education are set by cooperative arrangements in most states, involving local schools, educational authorities and public health agencies, the report indicates. Copies of the pamphlet, "Health Instruction in the Secondary Schools," are available at 10 cents each from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.—*National Publicity Council.*

California Fails to Register 2,000 Births Annually

Birth certificates are now filed for 99 percent of all babies born in California, yet approximately 2,000 births still go unrecorded in this State every year.

California is one of 23 states found to be recording 99 percent or more of their births by the federal "birth registration test" just completed as an adjunct of the 1950 decennial census. Second of its kind, the test was conducted by the U. S. Public Health Service and U. S. Bureau of the Census in cooperation with state health departments, and consisted of matching each state's birth certificates with census data for three months in 1950.

All states showed improvement in birth registration over their test results of 1940. California's percentage of completeness rose from 98 to 99.1 during the decade.

The great majority of birth registration failures in California occur in rural areas where babies are born outside hospitals or otherwise without medical attendance. However, when no doctor attends a child's birth, California parents become legally responsible for filing a birth certificate with the local Registrar of Vital Statistics. The local health officer serves as registrar in all communities which have full-time local health departments. Failure to take this simple step violates the law as well as placing a severe handicap on the child thus denied what has been called his passport to citizenship.

A birth certificate proves a person's right to enter school, inherit property, collect life insurance and old-age benefits, obtain a passport or a driver's license, to hold many kinds of jobs, and to share in many other privileges of citizenship.

Percentages of 1950 birth registration for all counties of California and for cities which have organized health departments, as compared with 1940 figures, have been compiled by the Bureau of Records and Statistics. Copies have been distributed to all local health departments.

The annual symposium on advances in the study of venereal diseases will be held in Washington May 1-2 under cosponsorship of the American Venereal Disease Association and the Experimental Therapeutics Study Section of the National Institutes of Health.

New Adventures in Foundation Giving

The Rosenberg Foundation of San Francisco recently published a 62-page report entitled "New Adventures in Foundation Giving" and has sent it to leaders in the field of child welfare and to others in California who are especially concerned with children.

The report was made to the foundation by Community Research Associates of New York City which is the group of consultants who prepared the background information necessary for the Governor's Mid-century Conference on Children and Youth held in Sacramento in September, 1950.

These consultants directed their report to other foundations, as well as to the Rosenberg Foundation, and to California leaders who have a special interest in the field. They review the progress made in this State, suggest several improvements, and illustrate the type of experiment, demonstration or pilot study in the broad field of child welfare in which foundations "might invest funds if the project is well planned and wise administration is assured."

In publishing this report the Rosenberg Foundation disclaims responsibility for the correctness or wisdom of the contents and indicates its approval only to the extent of considering it to be a provocative, stimulating and valuable contribution to the field. A limited number of copies is available from the Rosenberg Foundation, 210 Post Street, San Francisco.

Industrial Hygiene Engineer

An *industrial hygiene engineer* is being sought by the Los Angeles County Health Department. Salary range is $417 to $464. Persons with a degree in chemical, sanitary, civil or mechanical engineering, physics or chemistry and one year's professional experience in industrial hygiene are eligible to apply. A graduate degree in industrial hygiene engineering may be substituted for the above experience. County residence is not required to apply. Applications and further information may be obtained from the office of the Los Angeles County Civil Service Commission, 501 N. Main Street, Los Angeles.

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